

EMPLOYEE AUTHORIZATION

I, _____, do hereby *certify that I received an offer of employment*
Employee Name

from _____ on _____
Employer Name and Address Date

and authorize the **Pennsylvania Bureau of Workers' Compensation** to release all information from Bureau files.

I affirm the information I have provided herein is true. I understand that if I make any false statements which I do not believe to be true and thereby mislead the public servant to whom this request is directed in performing his/her official function, I may be subject to punishment as provided in the Crimes Code, 18 Pa. C.S.A. SS 4904.

Dated: _____

Signed:
Employee

EMPLOYER CERTIFICATION

I, _____, _____ an
Name Title with Employer
employee of and acting as agent for _____, do hereby certify
Employer

that _____ *has extended an offer of employment* to
Employer

_____ on _____ and, I agree that information
Employee Name Date

requested from the **Pennsylvania Bureau of Workers' Compensation** with regard to

_____ will be used by _____ in
Employee Name Employer

conformance with both the Americans with Disabilities Act and the Pennsylvania Human Relations Act.

I affirm the information I have provided herein is true. I understand that if I make any false statements which I do not believe to be true and thereby mislead the public servant to whom this request is directed in performing his/her official function, I maybe subject to punishment in the Crime Code, 18 Pa. C.S.A. SS 4904.

Dated: _____

Sgd

Title: